



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

September 22, 2014

ALL COUNTY LETTER (ACL) NO. 14-58

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL COUNTY REFUGEE PROGRAM COORDINATORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): FIVE PERCENT INCREASE TO THE MAXIMUM AID PAYMENT (MAP) LEVELS

REFERENCE: SENATE BILL (SB) 855 (Chapter 29, Statutes of 2014), ALL COUNTY LETTER 14-46

The purpose of this ACL is to inform the County Welfare Departments (CWDs) of the 2015 CalWORKs MAP increase pursuant to SB 855, which was signed by the Governor on June 20, 2014. This letter includes instructions to be used in the implementation of the five percent MAP increase. The CalWORKs MAP increase takes effect on April 1, 2015. This policy change must be automated into the consortia systems by the effective date. If the MAP increase cannot be modified, CWDs must put a policy in place that will ensure CalWORKs recipients receive the MAP increase and are appropriately and timely notified of changes to their CalWORKs grant and for households (HHs) which receive CalFresh, the associated impact to the HHs CalFresh benefits no later than March 20, 2015.

The grant increase applies to all CalWORKs cases, regardless of whether the Assistance Unit (AU) lives in Region One or Region Two and regardless of the AUs Exempt or Non-Exempt status. CWDs are to treat the grant increase as a mandatory county-initiated mid-period action for Semi Annual Reporting (SAR) and Annual Reporting/Child Only (AR/CO) cases (see ACL 14-46 for more information on reporting).

INFORMING CalWORKs RECIPIENTS

The California Department Of Social Services (CDSS) has provided the attached mass mailer notice (TEMP 2250) for CWDs to send to all CalWORKs recipients that will

inform them of the change in state law that increases MAP levels effective April 1, 2015, and inform the HH of the potential decrease to the HH's CalFresh benefits as a result of the increase to their income. CWDs must begin sending the mailer to all CalWORKs recipients by February 2015. CWDs must also send the attached adequate notice of action (NOA) (TM44-315H) to CalWORKs recipients that will provide information specific to their AU's cash aid amount. The CDSS strongly encourages CWDs to also provide a copy of TEMP 2250 to all new CalWORKs applicants who apply for aid starting in February 2015 through March 2015, to ensure that they are informed about the April 1, 2015 grant increase.

INCOME REPORTING THRESHOLD (IRT)

As a reminder, CWDs must inform recipients of their new IRT anytime it changes. Some recipients' IRTs may change when the MAP increases. CWDs must send those CalWORKs AUs a new SAR 2, AR 2 or other appropriate written notification the CWD uses to inform them of their new IRT. The CDSS will be updating the IRT charts in the near future.

FORMS AND NOTICES OF ACTION (NOA)

TEMP 2250 (8/14) – State Law Changes the Maximum Aid Payment Levels for Cash Aid Recipients – This form was created for CWDs to send to all CalWORKs AUs to inform them of the change to the MAP. This is a required form with no substitutes permitted.

TM44-315H (9/14) – NOA message – Five Percent Grant Increase/Law Change – This NOA message was created to send to cash assistance AUs when their grant will increase due to the MAP increase. Instructions for use of the NOA message are included on the TM44-315H. This message is required with no substitutes permitted to the language. CWDs may fill in case specific information as instructed.

Required Form - No Substitutes Permitted

Forms in this category are required forms that the CWD may not modify or restructure. However, overprinting or reformatting under the conditions outlined in Operations Manual Section 23.400.211, Overprinting Required Forms and Section 23-400.212, Electronic Data Processing (EDP) Modifications, is permitted.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide translation services if an applicant or recipient requests them. More information regarding provisions for services to applicants and recipients who are non-English speaking or who have disabilities can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at:

<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions regarding this letter, please contact your CalWORKs County Consultant at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

CalWORKs Payment Standards Chart
Effective April 1, 2015

**These charts reflect a five percent increase to the MAP levels as a result of
Senate Bill 855 (Chapter 29, Statutes of 2014)**

Region 1

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt
1	\$387	\$350
2	\$636	\$569
3	\$788	\$704
4	\$936	\$840
5	\$1,065	\$954
6	\$1,197	\$1,072
7	\$1,315	\$1,178
8	\$1,434	\$1,283
9	\$1,549	\$1,387
10 or more	\$1,665	\$1,490

Region 2

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt
1	\$369	\$331
2	\$607	\$541
3	\$751	\$670
4	\$891	\$799
5	\$1,017	\$909
6	\$1,141	\$1,021
7	\$1,254	\$1,120
8	\$1,366	\$1,222
9	\$1,477	\$1,321
10 or more	\$1,587	\$1,418

Region 1 Counties: Alameda, Contra Costa, Los Angeles, Marin, Monterey, Napa, Orange, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma and Ventura.

Region 2 Counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo and Yuba.

For more information on CalWORKs historical MAP levels, please refer to the CDSS website at:
<http://www.cdss.ca.gov/research/res/pdf/calreports/MAP-MBSAC.pdf>

State Law Changes Maximum Aid Payment (MAP) Levels for Cash Aid Recipients

As of April 1, 2015, the MAP levels for all cash aid families will be increased by 5 percent.

You will get a Notice of Action (NOA) in March showing your new aid amount starting April 1.

CalFresh Changes:

Most families get less CalFresh benefits when they get more cash aid. You will get a separate notice if your CalFresh benefits will be changing.

NEW MAP TABLES:

New MAP table for Region 1, Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$369	\$387	\$18
2	\$606	\$636	\$30
3	\$750	\$788	\$38
4	\$891	\$936	\$45
5	\$1,014	\$1,065	\$51
6	\$1,140	\$1,197	\$57
7	\$1,252	\$1,315	\$63
8	\$1,366	\$1,434	\$68
9	\$1,475	\$1,549	\$74
10 or more	\$1,586	\$1,665	\$79

New MAP table for Region 1, Non-Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$333	\$350	\$17
2	\$542	\$569	\$27
3	\$670	\$704	\$34
4	\$800	\$840	\$40
5	\$909	\$954	\$45
6	\$1,021	\$1,072	\$51
7	\$1,122	\$1,178	\$56
8	\$1,222	\$1,283	\$61
9	\$1,321	\$1,387	\$66
10 or more	\$1,419	\$1,490	\$71

New MAP table for Region 2, Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$351	\$369	\$18
2	\$578	\$607	\$29
3	\$715	\$751	\$36
4	\$849	\$891	\$42
5	\$969	\$1,017	\$48
6	\$1,087	\$1,141	\$54
7	\$1,194	\$1,254	\$60
8	\$1,301	\$1,366	\$65
9	\$1,407	\$1,477	\$70
10 or more	\$1,511	\$1,587	\$76

New MAP table for Region 2, Non-Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$315	\$331	\$16
2	\$515	\$541	\$26
3	\$638	\$670	\$32
4	\$761	\$799	\$38
5	\$866	\$909	\$43
6	\$972	\$1,021	\$49
7	\$1,067	\$1,120	\$53
8	\$1,164	\$1,222	\$58
9	\$1,258	\$1,321	\$63
10 or more	\$1,350	\$1,418	\$68

State of California
Department of Social Services

Noa Msg Doc No.: TM44-315H Page 1 of 1
Action : Change
Issue: Five Percent Grant Increase
Title: Law Change to MAP levels

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-315, SB 855 (Chapter 29,
Statutes of 2014)

Use Form No. : NA 200 or NA 1239
Original Date : 09-19-14
Revision Date :

MESSAGE:

As of April 1, 2015 the county is changing your
cash aid from \$_____ to \$_____.

Here's why:

State Law has changed. The maximum aid payment has
gone up by 5 percent.

If you think there is a mistake in the amount of
your cash aid, or if you have problems other than
with the new law you can ask for a state hearing.
The back of this notice tells you how.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change the grant amount to apply the five percent grant
increase due to SB 855 (Chapter 29, Statutes of 2014) effective April 1, 2015.
Print message on new NA 200 with budget in right column for those who have no
income or who are paid monthly. Use the NA 1239 for all other AUs.